

Adams County

Health & Human Services

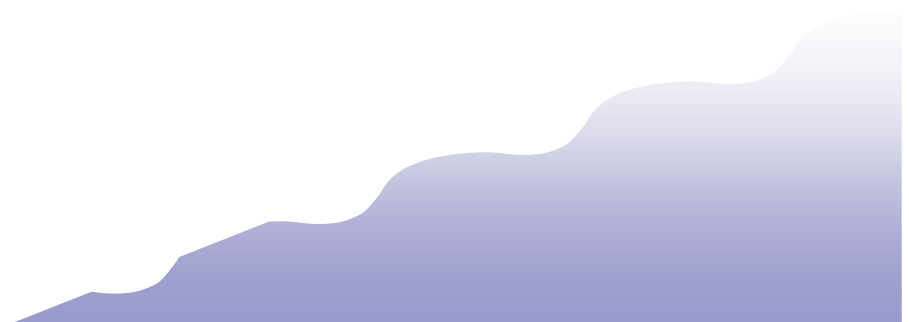
2009 Annual Report



Assuring and Maintaining the Health and Well-Being of Adams County

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2009 Annual Report

Health & Human Services Department

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2009 Agency Financial Report

FOREWORD

To the County Board of Supervisors, Health & Human Services Board members, and interested citizens, consumers, and constituents:

This is the fifth annual report of the Health & Human Services Department, which began operations in March 2005. It is my privilege to present this report to you. The work that has been accomplished throughout 2009 has been incredible, as you will read. A large emphasis has been on collaboration with community partners, system partners and most of all, our own agency. Several steps have been taken to improve partnerships using a collaborative systems model. There were a variety of All Staff meetings dedicated to the spirit of teaming and communication. One of the trainings was the topic of “Speak your Peace”, which is an initiative focused around civility and how to conduct yourself in a civil manner. Another was on the philosophy of Coordinated Service Teams (CST) and how the CST principles would be infused throughout the agency. The principles target strengths, client-centered decision making and the use of teaming. There were several “team building” activities built in to the All Staff meetings as well. The message was simple. “If we can’t collaborate and team with people under our own roof, then how can we expect that it will work when we try it with outside partners?” For this reason a series of manager meetings involving dedicated conversations about teamwork, at the management level, took place. As a result, a Leadership Agreement (See page 3) was created by the management team. It has set the foundation for how the agency will work to assist the children, families and individuals that seek, or are in need, of our service. Again, if we are not able to work together under our own roof, we’re not going to be successful. Not only do collaborative systems help families and individuals, it helps with stakeholder relationships as well. Partnerships with other systems have increased, and been strengthened, over the past year as well. There have been concentrated efforts on partnering with our systems partners such as the school system and law enforcement agencies, to name a couple. The support this can bring back to the work being done in the agency is tremendous. Educating partners about the roles and responsibilities of our agency is something that will continue as an ongoing function of the Agency Director, but also as a function of the supervisors and direct staff. All systems feel a sense of support when properly educated and aware of what to expect from each other.

“The managers certainly expressed the collaboration theme throughout our work together. Every team member participated in discussions about immediate actions to improve the department. This group appreciated the opportunity to plan together and the ideas really flew...From my vantage point as an outside observer with considerable experience with Wisconsin counties, I was impressed by the work done by this group.”

*-Howard Harrington
White Pine Consulting*

"We have seen a significant change, as the community based agency that contracts with Adams County to provide Collaborative Systems of Care, with regard to the "systems" buy in from the top down...creating an atmosphere of teamwork."

*-Patty Bula, Executive Director
Bridges For Youth*

In 2010 the agency will continue to build upon the foundation that has been set in 2009. The goals will remain broad, with a focus on shaping the big picture. As an agency, we will continue to strengthen our partnerships with the community and system stakeholders. We will continue to strive for person-centered planning and decision making. We will continue to make Adams County Health and Human Services a positive experience and resource for those in need.

This Annual Report provides an education of the services offered by the dedicated staff of the Adams County Health and Human Services Department.

Respectfully Submitted,
Charles Price, Director

"Better procedures were discussed, developed and have been implemented this school year due to open discussions and working together! This is a wonderful improvement over the isolation that once gripped the operations of both the School District and the Department of Health and Human Services...newfound spirit of collaboration...The change that has occurred, especially in the past year, has been dramatic and most welcomed!"

*Mrs. Charlotte Preiss, Principal
Adams-Friendship Elementary*

Leadership Agreement

As the management team we agree to promote collaborative systems of care and community partnerships to enhance services as a whole.

We will use creative thinking, honest communication and respect of other's opinions in order to encourage voice, access and ownership for both clients and staff.

We will demonstrate respect for program guidelines & mandates and effective use of resources while recognizing one agency with "no wrong door."

What does the public/community partners have the right to expect from us as an agency?

Expectations as determined by staff:

- * Trust / Respect / Courtesy
- * Confidentiality
- * Honesty
- * Knowledge of Services
- * Hospitality
- * Support
- * Compassion
- * Help
- * Direction
- * Timeliness
- * Acknowledgement
- * Meet Deadlines
- * Listen to Clients
- * Resourcefulness
- * Availability
- * Dedication
- * Encouragement

Health and Human Services Board

Patricia Townsend, Chairperson
County Board Supervisor

Diane England
County Board Supervisor

Karl Klingforth
County Board Supervisor

Cynthia Loken
County Board Supervisor

Joanne Sumpter
County Board Supervisor

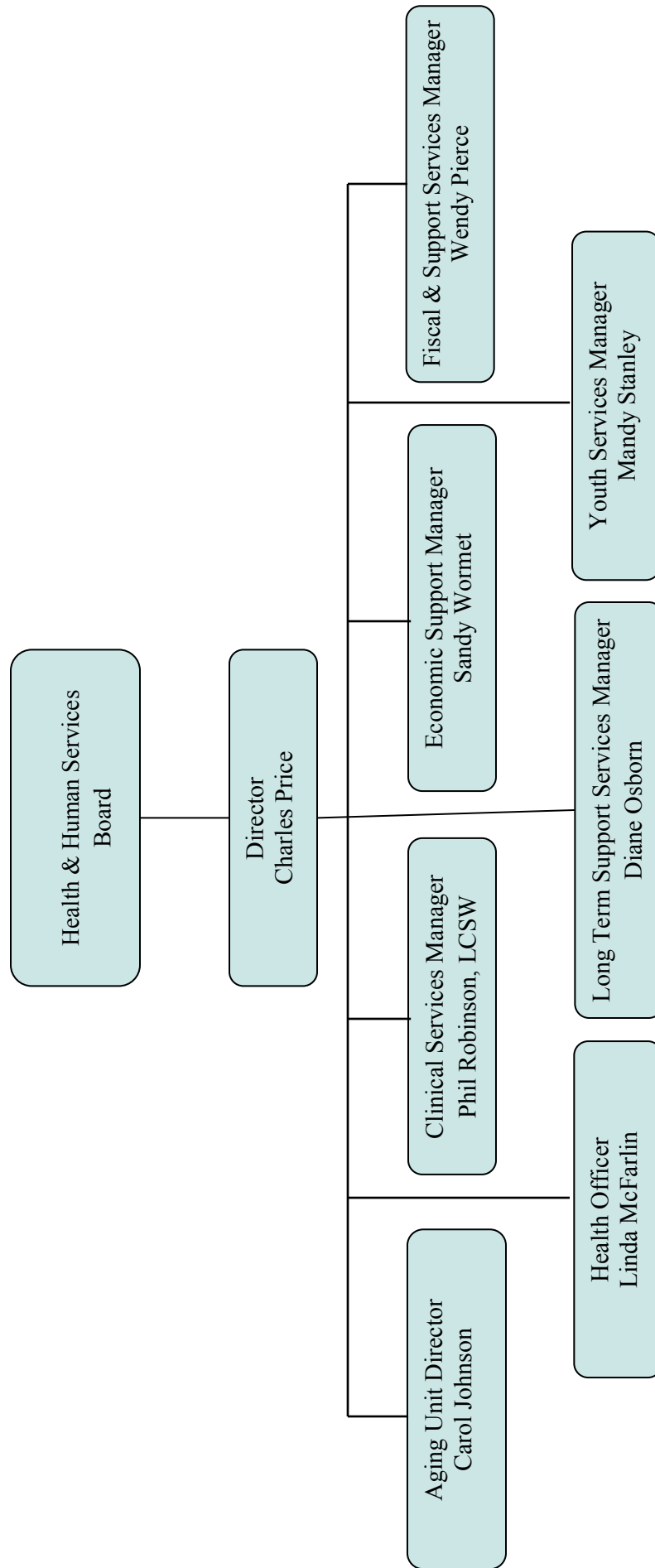
Jack Allen
Citizen Member

Maureen Bruce
Citizen Member

Terry Harvey-Beversdorf
Citizen Member

Dr. Mark Hatton
Citizen Member

Health & Human Services Organizational Chart



Health & Human Services Unit Responsibilities

Aging Unit Director
Carol Johnson

- * Benefit Specialist
- * Call Pal
- * Health & Wellness
- * Elder Abuse
- * Information & Referral
- * Outreach
- * Medical Escort
- * Peer Support
- * Nutrition Program
- * Van Transportation
- * Visually Impaired
- * Volunteer Services
- * Family Caregiver Support Program

Clinical Services Manager
Phil Robinson, LCSW

- * Outpatient Mental Health Clinics
- * Substance Abuse Clinics
- * Crisis Intervention
- * Alcohol and Drug Related Assessments
- * Medication Monitoring
- * Telehealth
- * Inpatient Treatment
- * Psychotherapeutic Services
- * Family Therapy

Economic Support Manager
Sandy Wornet

- * FoodShare
- * Medical Assistance/Badger Care
- * Medical Assistance Transportation
- * Wisconsin Shares Child Care
- * Fraud / Program Integrity
- * Caretaker Supplement
- * Wisconsin home Energy Assistance Program
- * Wisconsin Funeral and

Fiscal & Support Services Manager

- * Customer Service
- * Data Processing
- * Claim Billing
- * Collections
- * Expense & Revenue Processing
- * Maintain Office Equipment
- * Department Inventory
- * Filing & Transcription
- * Ensure Compliance with Mandates

Health Officer
Linda McFarlin

- * Disease Control/Prevention
- * Preparedness
- * Immunizations for Children & Adults
- * Mother, Child & Family
- * Prenatal & Postnatal Care
- * Injury Prevention Program
- * Nutrition WIC
- * Health Check
- * Oral Health
- * Wisconsin Well Women

Long Term Support Services Manager
Diane Osborn

- * Case Management
- * Birth-3 Program
- * Personal Care Program
- * Vocational Service
- * Guardianships
- * WATTS Reviews
- * Family Support
- * Children's Waivers
- * Project Lifesaver
- * COP Program
- * Medicaid Waivers
- * AFH Certification
- * Adult At-Risk Reports

Youth Services Manager
Mandy Stanley

- * Investigation of Abuse/Neglect Reports
- * Case Management
- * Juvenile Court Intake
- * Termination of Parental Rights
- * Juvenile Supervision
- * Out of Home Placements
- * Permanency Planning
- * Independent Living Skills

- * Foster Home License
- * Kinship Care
- * Home Studies
- * Information * Referrals
- * Coordinated Services Teams
- * Parenting Classes
- * Safety Services
- * Court Work

2009 Highlights

Aging

- * Went to a central kitchen and transported meals from the Adams site to all outlying sites within State and Federal Guidelines
- * Opened a nutrition site in the Town of Rome and the Town of Monroe

Clinic

- * Successfully worked on establishing a CCS program getting approval by the State of Wisconsin
- * Redesigned the Friendship Connection Drop-In Center which will allow for self-funding under the Mental Health Block Grant dollars
- * Instituted a Crisis Response Protocol , in collaboration with local law enforcement, to address the changes to the Chapter 51 Emergency Detention process

Economic Support

- * Significant increase in cases based on the economic situation in the county
- * The Energy Assistance Program was brought back into the H&HS building allowing more efficient service to the clients

Fiscal & Support Staff

- * Cross-trained reception staff for complete coverage at the point of entry for our agency
- * Enhance fiscal support which increased department efficiency
- * Continue to consider ways of making our point of entry people friendly yet be respectful of privacy and security

Long Term Support

- * Increased Children's Waiver services to more children and a broader target group
- * Developed Community Integration slots transferring people out of nursing homes
- * Continue to add personal care services keeping people in their homes

Public Health

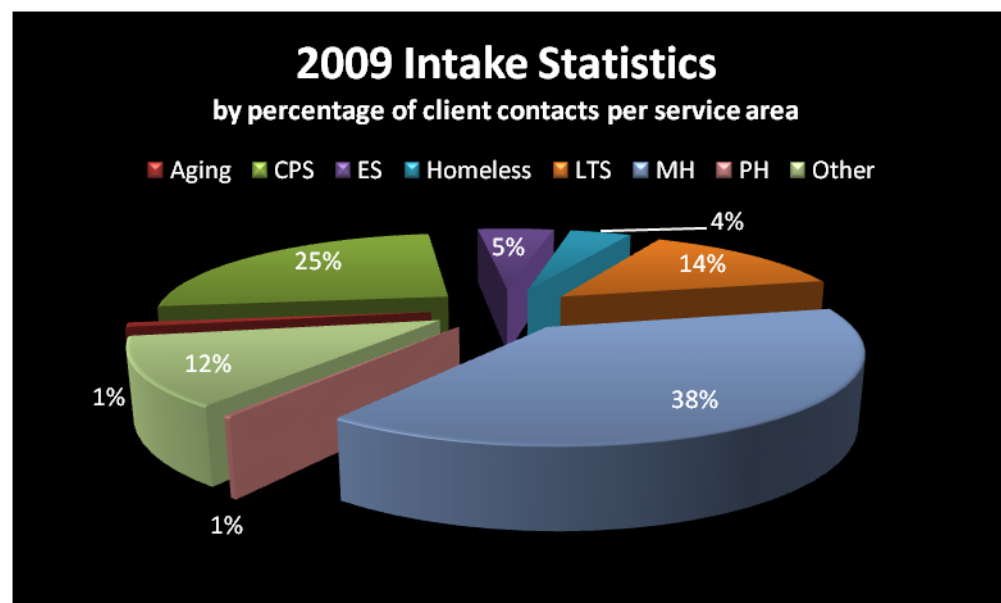
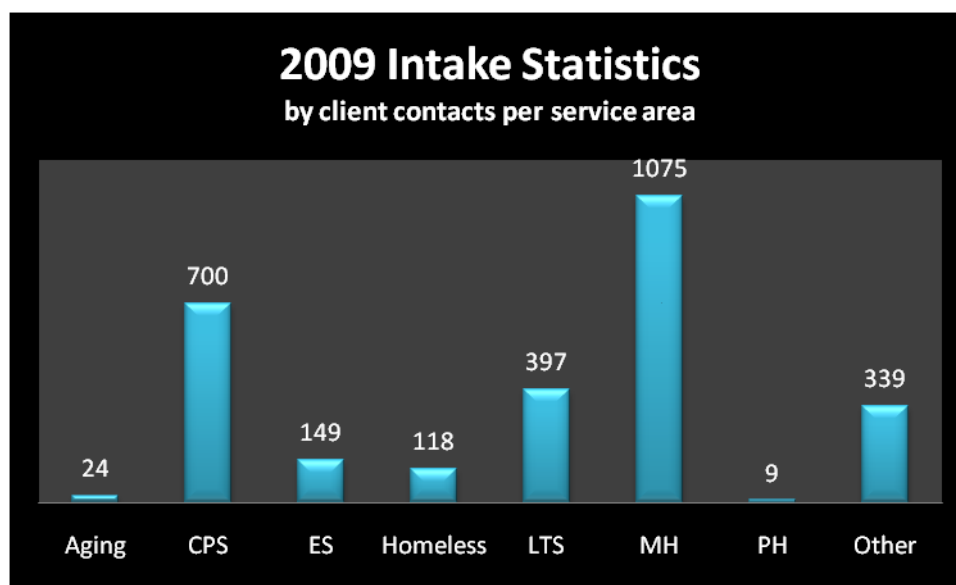
- * Successful H1N1 response—Adams County was one of two counties to have the first H1N1 cases and the county preparedness allowed the citizens need for information and services to be met
- * Drafted for adoption a Tobacco Control Ordinance
- * Increased immunization rates for children in Adams County

Youth Services

- * Contracted with an alternate provider for the Intensive Supervision Program for a substantially lower dollar amount
- * Implemented a coordinate response to Drug Endangered Children
- * Collaborated with Marquette and Waushara Counties in a regional mentoring initiative through an Office of Justice Assistance Grant. Provides a full-time mentor to work with at-risk juveniles, for each county over the course of the next three years

Intake / Access

There are two staff who function as Intake/Access for the agency. The main function is to serve as the central access point of the agency. A variety of functions is performed in this area ranging from taking reports of suspected Child Abuse and Neglect, Emergency Detention Process, Screening for Long Term Support to linking with Community Resources. The Intake/Access positions are critical in getting people pointed in the right direction based on the presenting needs. The graphs below provide numbers and percentages based on client contacts. They also provide a good illustration of the spectrum of calls that come in pertaining to all parts of the agency.



Aging Unit



This report will give you an overview of the accomplishments of the Aging Unit

Special points of interest:

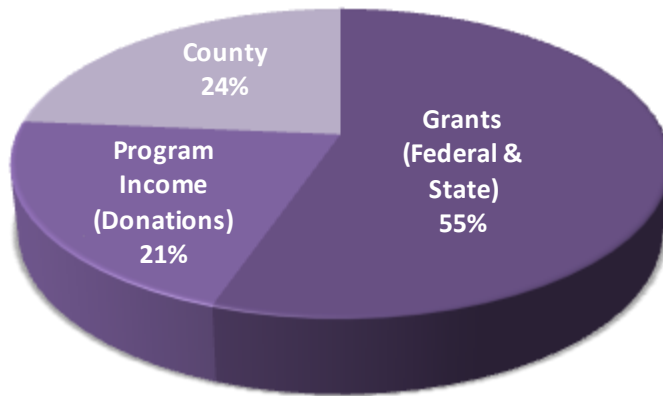
- January 5, 2009 was the start of a central kitchen. A few bumps were ironed out—all is going well.
- Opened 2 new nutrition sites: Rome & Monroe Center.
- Received \$12,000 in stimulus money for the meal program.
- Applied for a State Grant for Medicare Improvement for Patients and Providers (MIPPA) and received \$12,000 for the period covering June 2009—May 2011.
- Applied for a Falls Prevention Grant from the Research Injury Medical School in Milwaukee and received \$16,500 for the period covering August 2008—July 2011.
- The Unit had four (4) volunteers trained by AARP who did income taxes. They assisted approximately 261 individuals with this FREE tax service for 2009.
- The Unit provides numerous services as a means of prevention and education on health and wellness issues. This is done at all the sites. Some of the services are:
 - Toenail Clinic
 - Monthly Blood Pressure Screening (provided by a retired RN)
 - Mental Health Counselor presentation
 - Optometrist presentation
- Services were provided to 85 individuals under the Alzheimer's or Family Caregiver Grant
- Services were provided to 59 individuals who are victims of elder abuse. 80% of the cases that came in 2009 were self neglect. Self neglect is when there is a significant danger to an elderly person's physical and/or mental health and the elder person is unable or fails to provide him/herself with adequate food, shelter, clothing or medical care. Most of the time after the initial contact the Unit is able to provide services to eliminate the immediate danger and keep the individual in their home with these services.

Case of Self Neglect - Remember, this is only one of many stories

A phone call was received in the Aging Unit asking to check on a 79 year old gentleman living alone with his four (4) dogs. He had no running water and no working septic system. We did a home visit and talked to him outside, because the dogs would not allow us in the home. His phone was disconnected because he had not paid the bill. He faithfully gave a signed, blank check to his neighbor (a young man) to buy his groceries once a month. The neighbor was dishonest and always made the check out for a couple hundred extra, cashed it at the bank and then went grocery shopping. The older gentleman did not understand the bank statement so wasn't even aware of the hundreds of dollars he was over-drafted for numerous months. The Aging Unit delivered meals on wheels to him and after numerous visits we were able to convince him to have someone handle his checkbook and assist paying his bills. In September, the electric company called the Unit and informed they were no longer going to provide the gentleman with electricity because they were afraid of fire hazards. With more visits we were able to convince the gentleman to live in a group home for the winter months to be warm and safe. We took the dogs to the animal shelter, promising they would go to good homes. Because of the condition of the inside of the house, we went to Practical Cents and got him a bed, dresser and decent clothes.

Update: He has gained 25 pounds at the group home, is safe, warm, showers daily, eats 3 meals a day and has a new dog. He doesn't want to go back to his home because "the group home is his new home."

2009 Aging Unit Budget



Total Budget = \$459,378

**55% = Grants (Federal & State)
\$254,002**

**21% = Program Income (Donations)
\$96,998**

**24% = County
\$108,378**

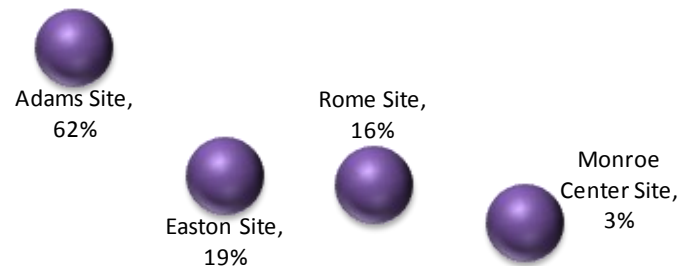
Summary of Nutrition Program

Total meals served: 30,368

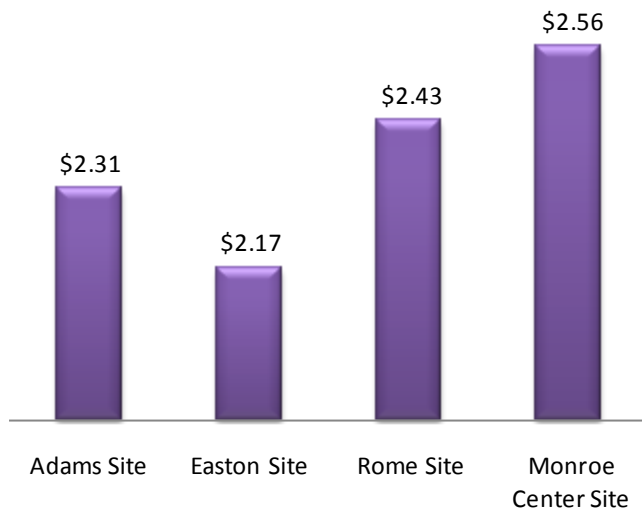
52% were meals served within the nutrition sites.

48% were home delivered meals.

% of Total meals per site

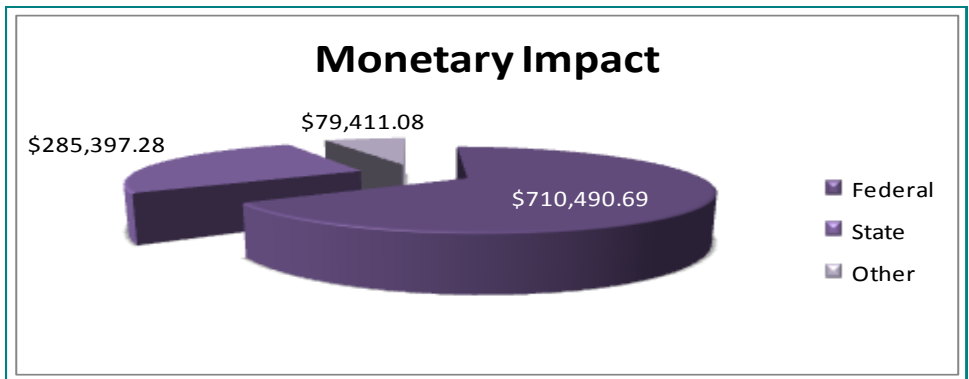


Average Donation Per Site



Benefit Specialists Financial Impact 2009

Federal	\$710,490.69
State	\$285,397.28
Other	\$79,411.08
TOTAL	\$1,075,299.05



The financial impact is one way for Benefit Specialists to measure their success in assisting seniors. Monetary impact is money that is either saved or returned to a senior. This can be from 3 different sources:

Federal money is counted when helping someone obtain benefits from the federal money.

- Medicare, FoodShare, Energy Assistance and Lifeline-link up are examples of such programs.

State money would be items such as Homestead Credit, some SSI money or BadgerCare and Senior Care.

“Other” money can be many different sources. Helping a senior lower a medical bill, doing the Homestead Credit (vs. having to pay someone to do this) and money saved by changing programs such as Medicare Supplements.

The Benefits Specialists have been using the SAMS program for reporting for 2 years. This year there have been some changes in the “how” we report. Some of the lines the numbers are reported on have been changed midyear and, therefore, the above number is the best I have but this number could be larger. This number is very much in line with past years.

2009 Case

One case that really stands out for 2009 would be a Polish couple that came to me through their friend. This couple did not speak very much English and are very private with their personal information. I met with them over the course of eight months, building trust and understanding with them, again mostly through their contact person. The contact person changed several times but was always a close friend or family member.

Once I was able to verify their income and other information, I was able to assist them to apply for Medical Assistance, Energy Assistance and Lifeline Link-up. I was also able to help them choose a Medicare Drug Plan that saved them a great deal of money. Explaining the choices of Medicare Advantage Plans and Medicare Drug plans is difficult enough when someone understands English, but was twice as challenging and yet, twice as rewarding once their eyes lit up with knowing I was helping them to make an educated choice.

This past year I have been surprised by the increasing number of Polish and German folks that are reaching out to this department for help in understanding the Medicare maze. Our reputation for understanding and confidentiality must be growing among those in our community that don't speak English. My hope is our satisfied clients will continue to spread the word that we are here to assist them.

Jill M. Helgeson
Benefit Specialist

The purpose of the Aging Unit is to be a spokesperson for the interest and concerns of Adams County residents, age 60+; as well as initiate, coordinate and administer programs which help older adults remain active, contributing citizens of the community.

Adams County Aging Unit
Guide to Services for Older Adults
608-339-4251

- **Benefit Specialist**
- **Call Pal**
- **Elder Abuse**
- **Health & Wellness**
- **Information & Referral**
- **Medical Escort**
- **Nutrition Program***
- **Outreach**
- **Peer Support**
- **Van Transportation**
- **Visually Impaired**
- **Volunteer Services**
- **Family Caregiver Support Program**
- **Alzheimer's Family Caregiver Program**
- **Senior Care Prescription Drug Program**

* There are four (4) nutrition sites within Adams County:

1. Adams, 569 North Cedar Street, Suite #4
2. Easton Town Hall, 1163 County Road A, Adams
3. Rome Town Hall, 1156 Alpine Drive, Nekoosa
4. Monroe Center Town Hall (THURSDAYS ONLY), 981 County Road Z, Arkdale

For more detailed information give the department a call 608-339-4251, 888-830-3454 (toll free), Monday through Friday 8:00AM-4:30PM.

2010 Goals for the Aging Unit

- Implement the “Stepping on Program”. This is a community based educational session on preventing falls. This is a 2 hour weekly session running 7 weeks.
- Hold a community, educational session on the safe and legal use of scooters and motorized vehicles.
- Conduct a “Serving Safe Food” class for volunteers handling the various sites

Clinical Services

What We Do

The Mental Health and Substance Abuse Clinic provides a full range of mental health and Alcohol and Other Drug Abuse (AODA) services including:

- Outpatient Mental Health & Substance Abuse Clinics
- Inpatient Treatment (psychiatric, detoxification and halfway house treatment)
- Crisis Intervention
- Alcohol and Drug-related Assessments

Outpatient Mental Health & Substance Abuse Clinics

The outpatient programs are certified by the State of Wisconsin, and services are reimbursable through Medicare, Medicaid, and many Health Maintenance Organizations and other insurance carriers. The outpatient and mental health and AODA programs remain certified under Chapters HFS 61.91 & HFS 34.2 (outpatient psychotherapy & emergency mental health) and HFS 75.13 & HFS 75.05 (outpatient treatment & emergency outpatient for AODA) along with certification for telehealth under HFS 61.91 & 75.13.

Ability to Pay

For those individuals without insurance coverage, most fees are based on the ability to pay, as determined by the application of a (state-mandated) sliding fee scale. This fee schedule does not apply in the case of court-ordered assessments and services in the areas of domestic violence (perpetrators), anger management, operating a motor vehicle while intoxicated (OWI), consumption of alcohol by minors, and when the Court determines or suspects that the use of alcohol or other drugs has contributed to the commission of a crime.

“Why I Do What I Do” - Terra Francke, B.S.

On more than one occasion growing up, I was the person on the opposite side of the desk I now sit at. I firmly believe that “real life experience” along with education can be an asset, particularly in case management. Many of the people I work with have far greater challenges than I ever had, yet I am still able to see their obstacles on a very real level. Often the people who walk through this door were raised in poverty, had highly uneducated families, and sometimes experienced abuse of some kind. Their problems didn’t just appear in a day, they are deeply rooted in a long life of turmoil. I know that side of life, and I know how fortunate I felt to have people help me when I needed it the most. My heart tells me to give back. I used to tell myself “if I have a job that I can go to everyday and feel good about, I would consider this success.” I have found that in this job. Sometimes it feels that the success stories are far and few between, but I know that even my smallest contributions makes a big difference in the lives of my clients.

Clinic Staffing*

Mental Health Therapist	1
Mental Health/AODA Counselors	2
AODA Counselor	1
Clinic Manager	1
(Licensed Clinical Social	

***In addition, psychiatric, psychological and nursing (medication monitoring) services are available through consultants retained by the department.**

Some Statistics

Mental Health Clinic

- 1,817 hours of individual psychotherapeutic services completed
- 184 hours of family therapy
 - Of these clients:
 - 54% were men
 - 98% were Caucasian
- 159 new clients began to receive services
- 92 completed (or withdrew from) treatment
- Mental Health Clinicians had a caseload of 90 clients each
- In addition, 136 hours of “interventions” were provided to individuals either prior to receiving ongoing therapeutic services, or as a diversion from long term treatment
- 46 intake “screenings” were completed in order to expedite entry into appropriate services
- Case Management and community-based support were provided to 28 clients
- An average monthly caseload of 7 individuals followed in (post-hospitalization) aftercare services
- 9 clients were opened in the new Comprehensive Community Services (CCS) program

“Why I Do What I Do” - Heather Roen, M.S., SAC-IT

Why do I do what I do? Because I want to know why other people do what they do! I want to understand people and work with them to resolve their problems. I want to help them direct their energies to meet their own personalized needs. It has never been a matter of what I wanted to BE, it has always been about what I want to DO...and what I want to do is simple...I want to help people.

Alcohol and Other Drug Abuse Counseling (AODA)

- Counseling provided to an average of 54 clients/month
- Average AODA Counselor caseload: 35
 - 68% of clients are male
 - 98% of clients are Caucasian
- 80 individuals initiated treatment
- 71 clients completed or withdrew from treatment
- Court referred Operating While Intoxicated Assessments: 146
- Court referred Assessment as a corollary to other legal issues: 35 adult & 4 juvenile
- 518 hours of individual counseling
- 12 clients attended AODA Group
- Case Management & Community-Based Support provided to 11 clients with AODA issues

Contractual Psychiatrist

- Average caseload: 267 clients; total hours: 1,261
- End of year caseload: 282 (135 seen for medication only)
 - 53% of clients are male
- 82 clients initiated treatment
- 44 clients ceased treated
- 25 clients (average) were followed by the psychiatric nurse for the Patient Assistance Program

Registered Nurse

- Continued to come into Department weekly (under the supervision of psychiatrist)
- Dispense and monitor medication for 35 clients
- Total Billable Hours of Direct Service: 155

“Why I Do What I Do” - Linda L. Noble, CSAC

I work as a Clinical Substance Abuse Counselor to help people who suffer from alcoholism or other drug addiction and their family members to achieve recovery. With recovery, many of these individuals are able to experience a transformation in their lives that allows the message of hope to be shared with others. It is very rewarding to see clients succeed in achieving their goals in life and the gratitude they show for their recovery.

Some Statistics (continued)

Consulting Psychologist

- Provided assessment, testing, clinical supervision and training
- Caseload: 2
- Comprehensive psychological evaluations completed: 11
- Staff Clinical Supervision hours: 150
- In-house Trainings: 4

Telehealth

- Clients are seen for medication checks through the use of video cameras on-site and at the office of the consulting Psychologist
- Initiated in 2005 to increase the amount of psychiatrist time available to Adams County and to provide a more cost-efficient service delivery system
- Increased the number of consults per month
- Reduced the wait-time for appointments from >3 months to one month (approximately)
- Telehealth rate is 3 days/month averaging 55 clients/month

Inpatient Treatment

- Obtained and funded inpatient psychiatric, detoxification and halfway house treatment for a total of 106 county residents
Of these:
 - 85 were served in one of the County's contracted inpatient psychiatric facilities (following emergency detention under §51.15, Wisconsin Statutes)
 - Average length of stay: 5 days
- 2 individuals with mental illness resided in adult family homes or CBRFs for most of the year
- 14 individuals were admitted under detoxification (under §51.45, Wisconsin Statutes)
This group was served either in area hospitals or inpatient psychiatric facilities
Mean length of stay: 2.5 days

Crisis Intervention

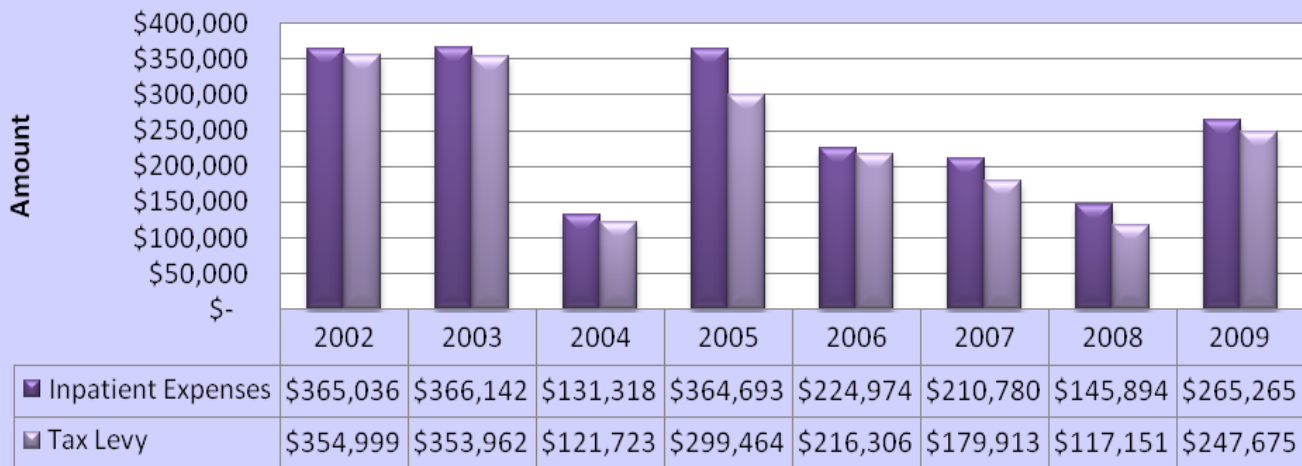
- Must make provision for trained personnel to be available at all times for crisis intervention and emergency psychological services—this responsibility is shared by the Mental Health Professionals employed by the Department
- 281 requests received;
Of these:
 - 249 were for mental health issues (crises or requests for information and/or referrals)
 - 26 were alcohol or drug related
 - 6 concerned requests for protective services or were made by clients receiving protective services

The Department remained certified under Chapter HFS 34, Wisconsin Administrative Code, Mental Health Emergency Care Program (Subchapter II) to provide basic emergency services (not eligible under Subchapter III for Medical Assistance or other third party reimbursement).

“Why I Do What I Do” - Tara Kowalke

Although I have only been working in the field of Mental Health Case Management for a short while, I do feel as though I found my calling. I find it very rewarding managing a case load and assisting those diagnosed with mental illnesses. I am continually learning recovery based practices through trainings and networking and apply these skills to daily work in case management. I also find it extremely gratifying assisting individuals in finding their personal strengths and using those strengths for empowerment in taking control of their illness and their lives.

Property Tax Levy VS Inpatient Costs (by year)



"Why I Do What I Do" - Diane Anderson

There but for the grace of God go I. This is a saying I say many times, sometimes often in one day. I think about the saying as I go about my day working with clients. I am thankful that I am able to help rather than to be the one who needs the help. There have been times in my life, had I made a different decision, or had not had some of the luck I have had, I could be the one needing help rather than being able to give it.

I am very thankful to be able to do what I do—therapy/counsel. I came to this vocation relatively late in life after having worked a number of different types of jobs. Always searching for what I could do, what my heart felt I needed to do. That is one reason this position is so rewarding to me.

My appreciation for what I am able to do every day; for the trust clients, coworkers and supervisors place in me; for what I learn every day from these people, is great.

I have never been so excited to come to work as I am in this position. Even though there may be some disappointing moments or days, I am always looking forward to what is coming next—what new client, program and project.

There are clients I have just met and clients I have worked with almost ever since I started here four years ago. I am still learning things about the clients I have had the four years I have worked here.

It is my belief that clients come here as a last resort having tried everything else they can think of. They come here and work until they get what they can or what they need. It is my job to meet them where they are and how they are thinking about it. It is also my job to listen to them and care about them. Sometimes seeds are planted for later use; sometimes people do lots of hard work.

Why do I do what I do? Because I feel a calling to listen to people and to help them get a voice to be able to make choice they, for some reason have not been able to make on their own.

2010 Goals/Progress

- Explore & develop programs that will bring in additional Federal dollars for collaborative systems of care, such as Community Recovery Services and Medicaid for Crisis Stabilization
- Maintain or increase the proportion of clients completing and benefitting from outpatient substance abuse services
- Continue Outreach and prevention efforts to reach children and adolescents in need of outpatient mental health and/or substance services
- Maintain or increase the proportion of clients reporting satisfaction with the services they receive
- Continue to expand quality improvement measures using a client satisfaction survey and other methods to review and improve outpatient services
- Expand services for individual adults and begin serving children & families through the Comprehensive Community Services (CCS) program
- Complete or expand multi-disciplinary initiatives serving the community through the Mental Health, AODA & Crisis Response Workgroup

Economic Support Services

What We Do

Through state contract the Economic Support Unit is responsible to determine the initial eligibility and the periodical renewal of eligibility through case management for the administration of numerous federal, state, and county Income Maintenance Programs.

The most common programs are:

- FoodShare (FS)
- Medical Assistance (MA) / Badger Care (BC)
- Medical Assistance Transportation
- Wisconsin Shares Child Care
- Fraud / Program Integrity
- Caretaker Supplement
- Wisconsin Home Energy Assistance Program (WHEAP)
- Wisconsin Funeral and Cemetery Aids Program
- Wisconsin Works (W2)

Anyone has the right to apply for all programs and be treated with respect. The Economic Support's vision is to create an atmosphere in which service delivery is effective, seamless, and need fulfilling where the customers are served in a way which enhances their lifestyle so that they may see satisfactory results now and later in life. We have a commitment to human dignity based on respect, honesty and integrity through actions for improving social conditions.

2010 Economic Support Services Goals

- * Continue serving Adams County Residents with Economic Support Services in a collaborative effort with other resource agencies to assist clients in need.
- * Strive for a 0% error rate in FoodShare Issuance.
- * Have a full staff of five Economic Support Specialists fully trained to share the County's high caseload of various Economic Support Programs.

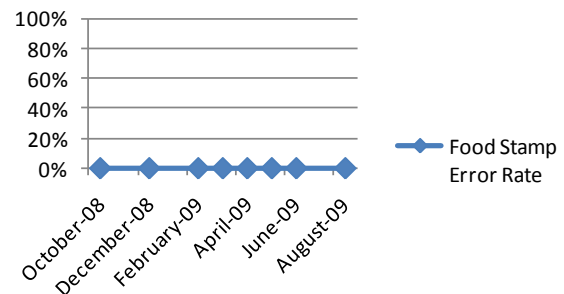
Case #1: Customer requested FoodShare (FS) review to be Face to Face. Came in very upset, crying, etc., was on antidepressants in the past and could no longer afford to get prescription filled, didn't have any minor children and could not afford the enrollment fee for Badger Care (BC) Core plan. After I finished her FS review, I referred her to intake to see if they could get her help with the depression issue and refer her to Central Wisconsin Community Action Council (CWCAC) to get help with the cost of the enrollment fee for BC Core. She was able to get on the core plan and the state also transferred her FS case to the enrollment center.

FoodShare (FS)

FoodShare helps individuals and families with little or no income to buy food. FoodShare benefits come on a debit card known as the QUEST Card. This allows clients to access their benefits through swipe card point-of-sale terminals at stores taking part in FoodShare Wisconsin. Transitional FoodShare extends the FoodShare benefits for five months to households leaving Wisconsin Works providing a safety net to families who lost their Wisconsin Works case assistance. The FoodShare Benefits dispersed to Adams County recipients in 2009 totals \$3,384,613. This is an increase of \$1,275,436 in benefits and an additional 209 recipients.

According to Food Share Error Rate Report, which is derived from data gathered by FoodShare Quality Assurance reviews, Adams County had a zero case error rate. The case review measure whether or not case actions were done correctly.

Food Stamp Error Rate



Review Month	Allotment
October-08	\$ 698.00
December-08	\$ 14.00
February-09	\$ 176.00
March-09	\$ 323.00
April-09	\$ 668.00
May-09	\$ 44.00
June-09	\$ 399.00
August-09	\$ 16.00
	\$2,338.00

Medical Assistance (MA) / BadgerCare (BC)

Medical Assistance is the state/federal program that helps low income people pay their medical bills. A person is eligible if she/he meets all non-financial and financial requirements. BadgerCare provides access to health care for uninsured, low-income families with children who do not have access to health insurance and with income up to 185% of the FPL, who are not eligible for Medicaid. Some families pay a premium for coverage.

Medical Assistance (MA)/Badger Care (BC) Transportation

The purpose of the MA/BC Transportation program is to assure an individual or family access to medical services if they are eligible. Coordination between a volunteer driver and the MA/BC Recipient is done through the Transportation Coordinator. 183,547 miles were authorized and reimbursement was made to the volunteer drivers for Medical Assistance seeking medical services in 2009. MA eligible self/relative drivers were reimbursed for a total of 287,115 miles for medical transportation in 2009. Expenditures totaled \$101,191.02 for regular Medical Assistance and \$68,907.60 for Self-Transportation.

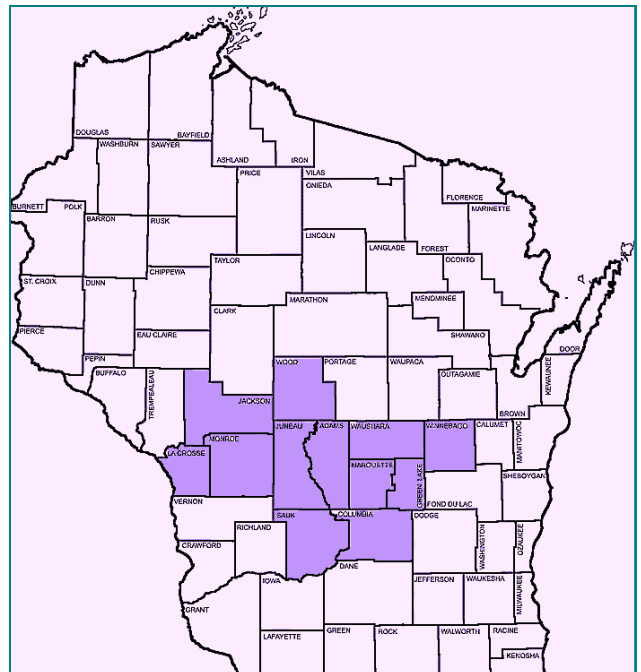
Wisconsin Shares Child Care

Families are eligible for Child Care subsidies if they are low-income and require Child Care to obtain or retain employment, a teen parent in school, or working families needing training to improve employment status. Economic Support Specialists determined eligibility and authorized Child Care for 132 children in the Wisconsin Shares Program expending \$234,284 to Certified and Licensed Child Care Providers.

Case #2: Single mother with 3 minor children whose FoodShare (FS) case had closed at the end of November for lack of verifying income. In January, she called to have a Face-To-Face (FTF) appointment to have her FS re-opened. When she came in she was extremely upset and explained that her father had passed away and she was so grief stricken that she could barely function. She was trying to start her own business helping people with emotional problems find help in training for employment. She commented after her father's death, she couldn't even leave her house for work. She knew she had to get herself together before she could get back to working again. I re-opened her FS and referred her to intake to possibly get some grief counseling. When I called her months later for a review, I thought I was talking to a different person. She was able to get herself and her teenage daughter into counseling through our agency and was doing very well.

Fraud / Program Integrity

Each Agency administering public assistance is responsible for providing program integrity for the programs administered. Economic Support conducts fraud prevention and fraud administrative functions to comply with the State / County Contract. We work with sister counties in a Fraud Consortium with Columbia County as the financial manager. The consortium consists of Adams, Columbia, Green Lake, Juneau, Marquette, Monroe, Sauk, Winnebago, La Crosse, Jackson, Wood and Waushara Counties. The consortium contracted O'Brien & Associates to do the fraud prevention investigations. With the forming of the consortium, the eligibility workers are able to continue to do fraud referrals.



Caretaker Supplement

Caretaker Supplement is an additional amount added to the monthly State SSI cash benefit of a recipient who is the custodial parent of one or more qualified dependent children. Eligibility determinations are made by Economic Support Specialist and a \$250 benefit is generated through the Electronic Data System.

Case #3: *Recently received a thank you card from a single mom who has had a hard time finding a permanent place for herself and her 8 year old son to live. She moved to Adams County in January 2010, living in the basement of a “friend’s house”. She was evicted in March and her and her son ended up sharing a motel room with another friend. She was working with CWCAC to get some housing assistance. She sent me a nice thank you card with her thanks and blessings to me and my family along with her new address in Juneau County.*

Wisconsin Home Energy Assistance Program (WHEAP)

Wisconsin Home Energy Assistance Program (WHEAP) administers the federally funded LIHEAP and Public Benefits Energy Assistance Program. The program assists eligible individuals and families with heating and electric, can include emergency fuel assistance, counseling for energy conservation and budgets, emergency furnace repair and replacement. The Economic Support Manager is the coordinator of the program, and the administration of the services is contracted out to Central Wisconsin Community Action Council (CWCAC). 1,296 household energy assistance applications were received in the 2009 heating season; 1,109 households were helped totaling \$940,532. The benefit is paid out to the verified service providers on behalf of the eligible applicant. 581 total Crisis Assistance applications were received, with \$206,485 paid to vendors.

Wisconsin Funeral and Cemetery Aids Program

Human and Social Services Agencies administer the WI Funeral and Cemetery Aids Program (WFCAP) locally on behalf of the Wisconsin Department of Health Services (DHS). Local administration includes reimbursing funeral and cemetery service providers in accordance with the DHS approved reimbursement policies. DHS authorizes the disbursement of program funding to county/tribal agencies. Within DHS, the Division of Health Care Financing (DHCF) is responsible for monitoring local program administration. In 2009, \$53,053.78 was reimbursed back to the local funeral and cemetery service providers.

Wisconsin Works (W2)

The PAW (Portage, Adams and Wood Counties) W2 Consortium’s Goal is for immediate workforce attachment. Benefits for different rungs on the W2 ladder can be paid out to participants for a short time until employment or SSI can be secured. The PAW W2 Consortium eliminated county lines so that participants can receive services from whichever Job Center they live closest to. Our Job Center has access to a “Resource Room” for the Employment and Training Services offered by CESA 5’s administration of WIA’s partner programs for the general public budget. The Adams County Economic Development managed the Resource Associate at the Job Center for 2009. Cash benefits for Adams County residents totaled \$89,308 in 2009.

Fiscal & Support Services

The Health & Human Services Fiscal & Support Services Unit consists of:

Fiscal Staff

- (1) Lead Bookkeeper
- (1) Fiscal Support
- (1) Billing Clerk

Support Staff

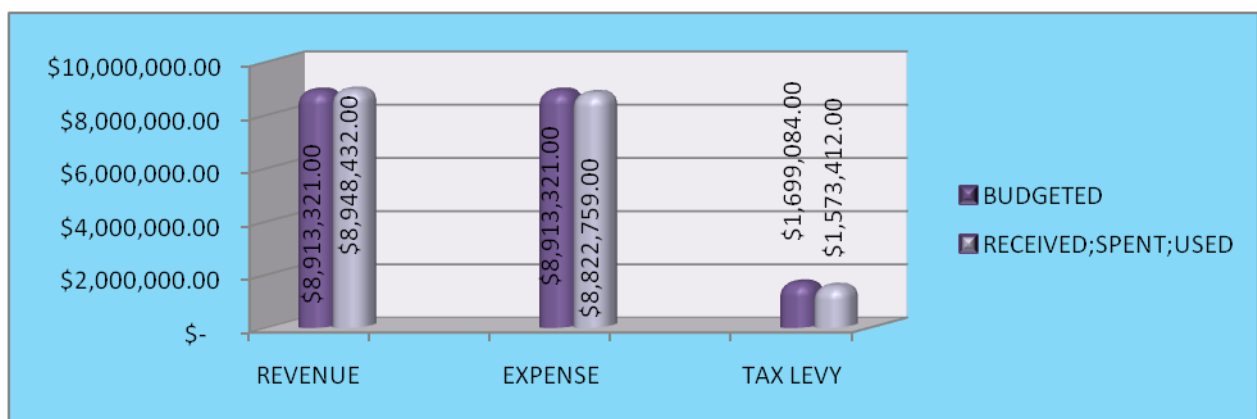
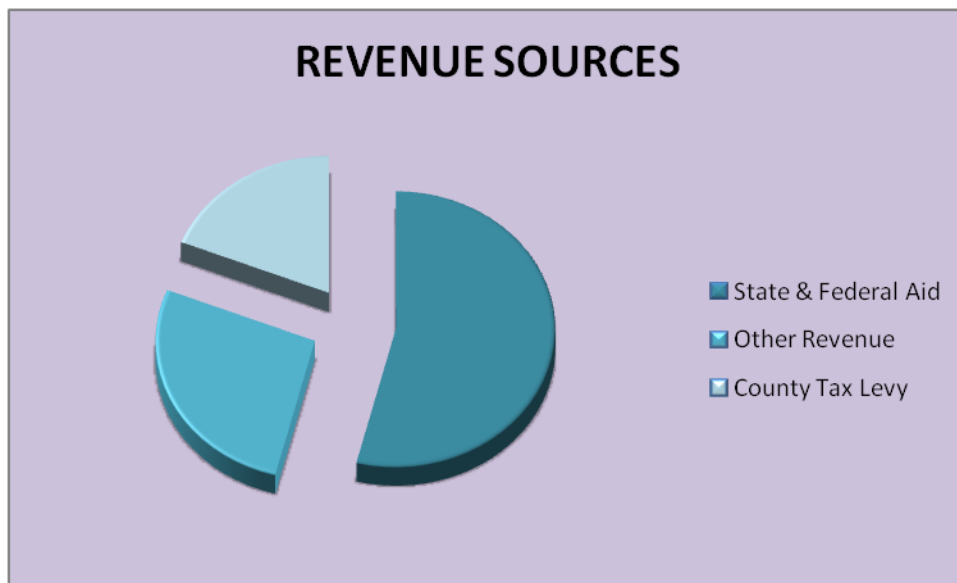
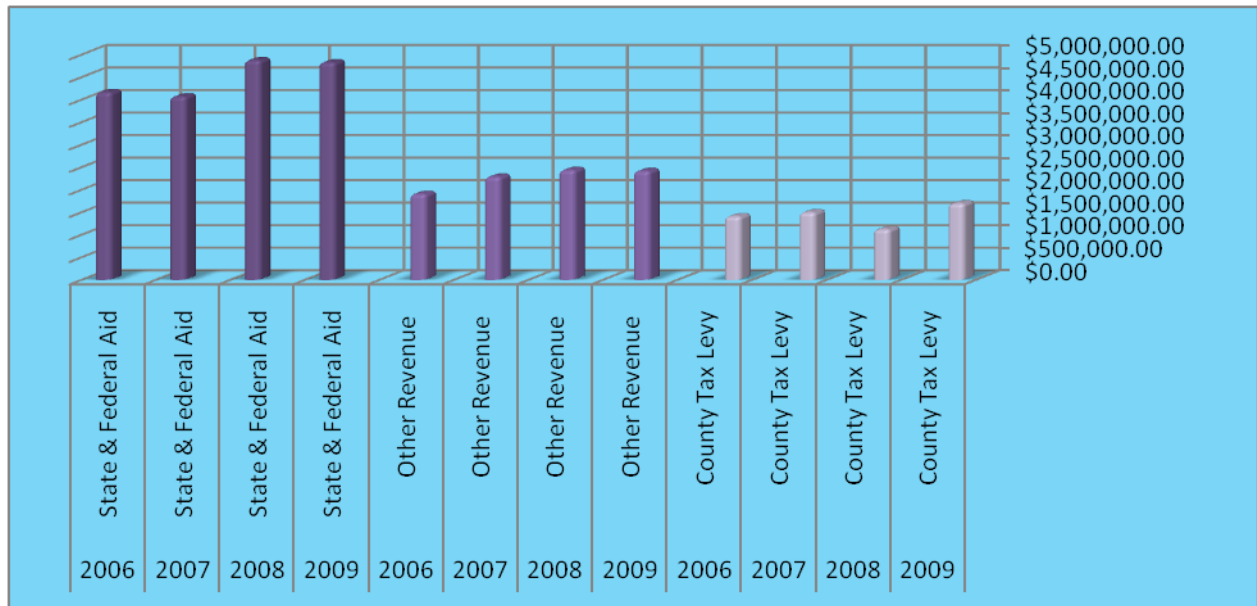
- (3) Receptionists
- (1) Clerical Support
- (1) Clinic Records Tech

What we do

Fiscal & Support Services functions as the cohesive structure of the overall agency. Their mission is to direct the citizens of Adams County to the services and programs that will best meet their needs. The objective is to enhance self-sufficiency and establish the “best quality of life” if possible while managing the resources available.

- Customer Service
- Clerical Projects
- Data Processing
- Claim Billing
- Collections
- Expense/Revenue Processing
- Sort, Stamp Deliver Mail
- Maintain Office Equipment
- Supply Ordering
- Department Inventory
- Filing
- Transcription
- Ensure Compliance with Mandates
- Maintain Contracts
- Audit Fiscal Processes
- Manage Grants
- Develop/Institute processes that may improve our way of doing business

Revenue Source Four Year Comparison Graph



Long Term Support

The mission of the Adams County Health & Human Services Long Term Support Unit is to promote, support, coordinate, and administer programs, policies, and services to residents of Adams County who are Elderly, Physically Disabled, Developmentally Disabled, Mentally Ill, or have had a Traumatic Brain Injury. The unit also provides Birth-3 services, Guardianship & Protective Placement, WATTS Reviews, CBRF-Preadmission Screening, Personal Care Program, and certifies Adult Family Homes.

Long Term Support Unit (LTS)

In 2009:

- 15 Guardianships, 16 Protective Placements, 35 Annual WATTS reviews conducted.
- Certified four *new* Adult Family Homes and recertified eight existing Adult Family Homes.
- Staffing consisted of 17 employees (Unit Manager, (6) Case Managers, Children Services Coordinator, (2) Personal Care (PC) Registered Nurses—1 FT & 1PT, 2.5 Training Specialists, LTE Training Specialist—Thrift Store, Job Coach and 2 Bus Drivers).
- Provided services to approximately 211 clients/month. These services included: Case Management, Supportive Home Care, Personal Care, Lifeline, Daily Living Skills, Chore Service, Vocational Service, Respite, Residential Placements, Individual Instruction, etc.
- Intake received 86 referrals and conducted 61 assessments for eligibility. Upon completion of the assessments, the wait lists counts were as follows: 9 Elderly, 11 Physically Disabled, 34 Developmentally Disabled, 10 Children.

2009 Goals and Results:

Goal: Develop an effective intake process.

Result: This goal continues to be a work in progress. Presently, there is an assigned committee, comprised of managers, to address areas of intake which require attention.

Goal: Eliminate the waiting list for the elderly and people with physical disabilities.

Result: Although we were unable to eliminate the wait list in its entirety due to budget restrictions, we were able to downsize the list to referrals received in 2009. This will lessen the amount of time spent waiting for services to six months or less.

Goal: Develop a Wait List for Children's Waivers.

Result: Completed.

Community Relocation Initiative (CRI) and Nursing Home Diversion

This program gives elderly or people with physical disabilities who are living in a nursing home the choice to move home, to an apartment or to an assisted living setting. In 2009, the LTS unit relocated 2 individuals from nursing homes back into the community and diverted 5 individuals from nursing home care, Case Managers assisted people in their homes and avoided placement.

“Why I do, what I do.” - Tara Kircher, Case Manager

As a case manager for the elderly and disabled, I have the privilege of doing nursing home relocations along with my other duties. The Medicaid Waiver relocations are my favorites, as they “waive” the stay at a facility for an often lower priced community alternative. Sometimes people don’t go directly home, but to an adult family home or community-based residential facility. On a best case scenario, they do return home with their loved ones and have services brought to them, whether it is personal care or housework, and it helps keep them independent.

Family Support Program (FSP), Children’s Waiver (CLTS) & Community Integration Program (CIP 1B)

Thirty (30) children received funding for services under these programs in 2009.

*In November, Adams County was awarded an additional \$93,850 in CLTS funds to start five new children in the program.

“Why I do, what I do.” - Lisa Etheridge, Children’s Case Manager

There is a form we must complete annually and on the form, there is a box to be checked that states “diverted from entering any type of institution.” I have often wondered what exactly does that mean for a child. Yes, technically I know what that means as we all do, but would a parent actually ever place a child there? How would things get so bad a parent would have no other option? Over the last couple of years, I have taken this journey with three families and have had that question answered. The answer was the same with all three families: safety for the child and other family members, due to unmanageable behaviors resulting from the child’s disability and not the disruptive, tantrum throwing child who knows better. Fortunately, with the assistance and vision of many people within our agency, I was able to work with these families and provide a plan for each, that enabled the children to stay home with their families and continue to attend school. This was not an easy task. I cannot express the sense of pride and accomplishment I felt when each of the families realized like could be manageable and they could keep their children at home. These children are now diverted from entering any type of institution. This is why I do what I do. I love working with children. I love working with children and their families.

I have taken the time to sit back and look in the mirror to see why I really do what I do in this world. As a case manager, I do my best to try and get people the help they need in order to live their daily lives as normal as possible. People want to be able to live their lives the way I do every day—without disabilities and help from others. I try my hardest to put myself in the shoes of the people I work with and see where they are coming from when they say, “I need help from someone to take a bath/shower.”

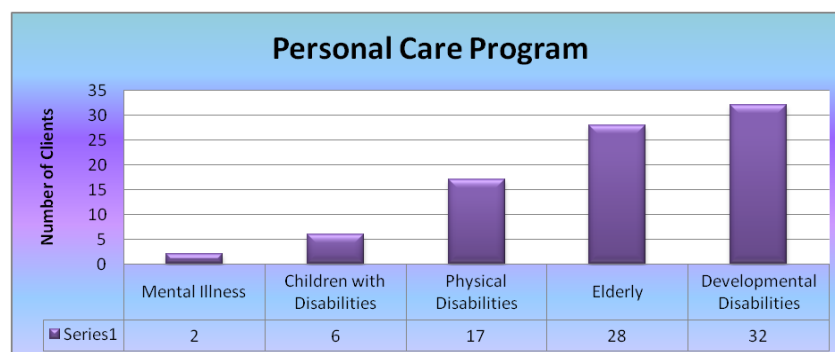
In 2009, the Birth—3 Program averaged serving 24 children each month, and served a total of 52 children throughout the year. These children received special instruction, service coordination, physical therapy, speech therapy and occupational therapy. In March 2009, Adams and Juneau County School Districts and B-3 Coordinators drafted a new Memorandum of Understanding (MOU) which specifies the implementation of the Program Participation System.

A survey was sent to all B-3 families. When asked to comment about their experiences with the program, the following responses were given:

- | | |
|------------------------------------------------|---------------------|
| * “Impressed with the program” | *“Love the program” |
| * “Staff are able to go where the child lives” | *“Helpful” |

Personal Care Workers Program (PCW)

In 2009, the PCW program captured \$1,593,137 reimbursement and expended \$1,336,814 to cover costs for the program.



Practical Cents Resale Store

Practical Cents provides vocational training to 30 clients, with developmental disabilities and/or mental illness, who average 4 days/week attendance. The thrift store revenues were \$288,050.64 in taxable sales. The store also gave an additional \$6,255.65 of in-kind goods to people in need who were referred by other agencies. In April 2009, Practical Cents Reuse Project was started with Adams County Solid Waste Department. The approximate value of donated items from April—December 2009 was \$1,800 in resalable goods.

A new sign was purchased for the store in 2009.



Project Lifesaver

In 2009, 8 children and 2 adults received Project Lifesaver wristbands.

Coats for Kids

In the 2009-2010 season through the combined efforts of Practical Cents staff & clients, the Sheriff's Department and Community Service, Coats for Kids served 156 families, providing coats, snow pants, hats, mittens, scarves and boots for 357 children.

2010 Goals

- Implement ADRC Model Practices and Policies
- Prepare for Transition into Family Care
- Increase Number of CLTS Services to Children

Public Health

What does Adams County Public Health do for you and your community?

Dozens of things, but most people don't realize how many vital services they receive from their local health department. The benefits have become such an integral part of the American standard of living that most people take them for granted.

Our 2009 Programs and Services Included:

- Disease Control & Prevention
- Public Health Preparedness
- Immunizations for Children & Adults
- Mother, Child & Family
- Prenatal & Postnatal Care
- Injury Prevention Program
- Nutrition WIC (Women, Infant, Children)
- Health Check
- Oral Health
- Wisconsin Well Women Program
- Community Human Health Hazards
- Water Quality Issues
- Food Safety Program
- Childhood Lead Testing
- Tobacco Control & Prevention
- School Health

10 Essential Services of Public Health

- ① Monitor health status and understand health issues facing the community.
- ② Protect people from health problems and health hazards.
- ③ Give people information they need to make healthy choices.
- ④ Engage the community to identify and solve health problems.
- ⑤ Develop public health policies and plans.
- ⑥ Enforce public health laws and regulations.
- ⑦ Help people receive health services.
- ⑧ Maintain a competent public health workforce.
- ⑨ Evaluate and improve programs and interventions.
- ⑩ Contribute to, and apply the evidence base of public health.

Comments from our Public Health Clients

"Very friendly, caring and was a listener to my concerns"

- *New Mom*

"I like the Public Health here in Adams County. They seem to care more."

- *Pre-Natal Care Coordination Client*

"The water test was great. I would never have thought about getting that tested."

- *Maternal Child Health Client*

Accomplishments for 2009:

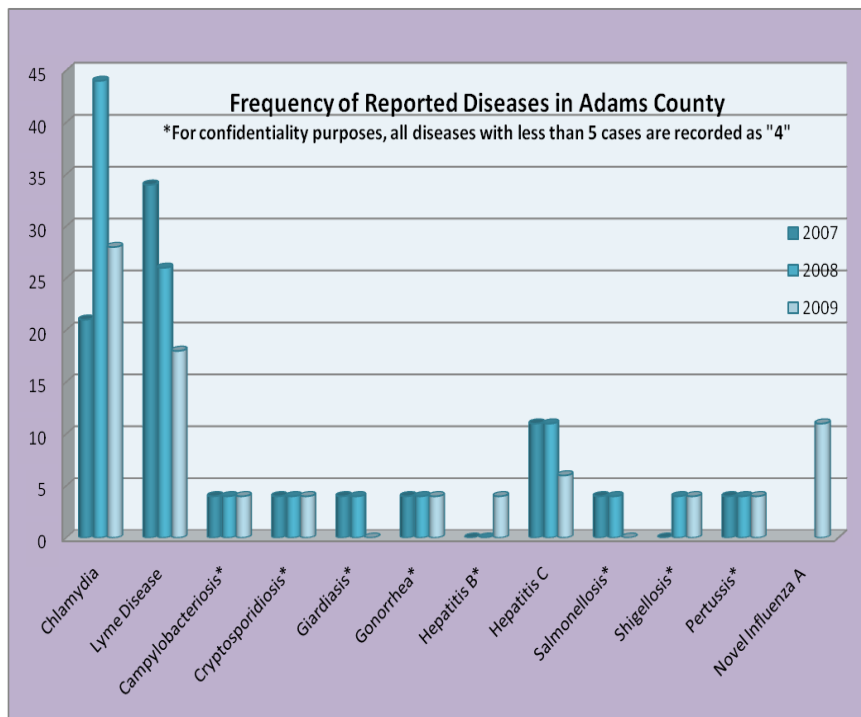
- With assistance of Corporation Council, wrote and passed a Tobacco Control Ordinance
- Successful tabletop exercise to prepare for the at-risk population in a mass vaccination clinic
- Successful partner meetings to prepare for the H1N1 flu
- Increased immunization rates of children in Adams County
- Increased the number of WIC clinics held in Adams County
- Increased the types of public establishments that we inspect
- New car seat program for children

Since 1900, the average lifespan of persons in the United States has lengthened by greater than 30 years; 25 years of this gain are attributable to advances in public health.

- *Centers for Disease Control & Prevention*

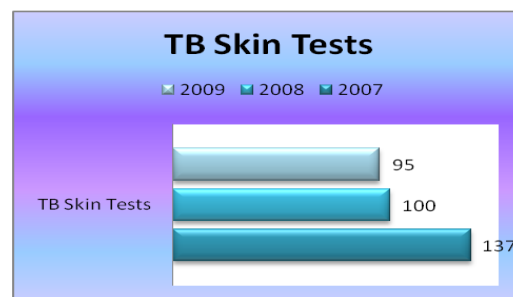
Disease Control and Prevention

Adams County Public Health tracks communicable disease through a channel of communications at the local, state and regional levels between public health, private physicians, hospitals, and laboratories. This communication channel allows for prompt investigation of possible outbreaks or unusual situations and to implement control measures to minimize further transmission of disease to others.



In 2009, Adams County Public Health received 139 reports of communicable diseases of which 76 were actual cases. We also followed up on two outbreaks in the community in addition to the first wave of Novel Influenza A in the spring and the second wave in the fall.

The health department is by law charged with the responsibility of overseeing the control of TB which includes surveillance of infection and disease.



Blood borne pathogen training is provided for new employees of the school. In addition to new employees, an annual presentation on blood borne pathogens was provided to 240 school staff.

Public Health Preparedness

Adams County Public Health is prepared to respond to all emergencies with a detailed plan of action and a system of communication with community responders. This response includes **detecting** disease outbreaks; **investigating** to determine what the risks are to the public and who may have been exposed; **informing** the public and professionals of the specific disease threats and how to protect themselves and others; **managing** infected persons; **isolating or quarantining** affected individuals as appropriate; and **providing medications or vaccinations** to people at risk in the population. The plan is reviewed and revised as needed annually. Highlights of 2009 preparedness objectives are listed below.

In 2009, preparedness efforts included testing fourteen performance measures set by the Centers for Disease Control and Prevention which determines if the agency is ready to respond rapidly to a public health emergency. Public Health staff also did an assessment on competencies that are identified for Public Health Workers.

Adams County Public Health, in conjunction with its community partners, held a tabletop exercise in June which focused on the at-risk population in a mass vaccination clinic.

We were very involved with various aspects of Novel Influenza A beginning the end of April and continuing into the current year. This included follow-up with cases, isolating them, community education, communication with partners and the State, and vaccinating the population. There were 11 confirmed cases of influenza, 1 probable and 19 suspect in Adams County. After a pandemic was declared by the World Health Organization, only persons who were hospitalized were tested so we know more cases occurred.

Immunizations for Children & Adults

Immunization is one of the most important public health victories of the 20th century – defeating or sharply reducing disease such as smallpox, polio, measles, diphtheria, rubella, pertussis (whooping cough), H1N1 and other diseases. However, many organisms that cause these diseases have not been eliminated, and they could re-emerge if vaccination levels drop.

In 2009, Adams County gave a total of 2,186 immunizations, 1,368 of those to children and 818 to adults. Through the state of Wisconsin Vaccine for Children's program, Adams County received \$24,600.00 of vaccines given at no charge to Adams County citizens. In addition to children's vaccinations, we offer Tetanus booster shots for adults and the Hepatitis B vaccine. The new H1N1 vaccine program is included.

Mother, Child & Family

Infant mortality is an important measure of a community's health. Our prenatal and postnatal programs aim to help families support their children's healthy growth and development.

Prenatal & Postnatal Care

Adams County provides an informal parent and baby home visit from a public health nurse to assist families at higher risk after the birth of their baby whether it is their first baby or they already have children. Mothers receive support and education, baby weight checks, health teaching on parenting and child development and referrals to community services. Our nurses visited 11 families in 2009.

By December 31, 2009, outcome measures for all infants 0-2 months and their parent(s) who are not enrolled in Medicaid Prenatal Care Coordination or Maternal Child Health (MCH)-funded Perinatal Care Coordination (PNCC) and receive one home visit by a Public Health Nurse with necessary referral.

Adams County provides access to medical, social, educational and other services to pregnant women who are considered high risk for adverse pregnancy outcome through our Prenatal Care Coordination program. Although Prenatal Care Coordination is limited to those who receive Medicaid, Adams County Health Department follows all high risk pregnancies.

A total of 14 women participated in PNCC for a total of 55 visits.

Injury Prevention Program

Injuries are a significant public health problem in Adams County, Wisconsin, and the nation, causing needless pain and suffering as well as emotional and financial stress.

Injury prevention education is integrated in public health services provided to families and children. In 2009, Adams County, provided injury prevention information to all families with a new baby

The new child passenger safety seat grant program provides individual assessment, installation and instruction services on child passenger safety to families with one or more children in the infant through 8 year old age group. This program also distributes free child safety seats to low-income families. In 2009, there were 43 child passenger safety seat screenings completed and 40 child safety seats provided. The funding for the free child safety seats was received from Adams Columbia Electric Coop's Operation Round Up program and the WI DOT Highway Safety Project.

Nutrition WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps income eligible pregnant and breastfeeding women who recently had a baby and children up to five years of age who are a health risk due to inadequate nutrition. In 2009, Adams County served an average of 518 WIC clients per month.

WIC provides essential health care for women during the prenatal period that extends throughout the life of the child.

Health Check

Health Check is a preventative health checkup program for anyone under the age of 21 who has a valid Wisconsin Medical Assistance card. A Health Check includes a head-to-toe physical exam, lab tests, immunizations, vision and hearing screening and developmental testing as well as other checks and referrals as needed. There were 15 Health Check screenings completed in 2009.

Oral Health

Oral health is essential to the general health and well-being of all Wisconsin residents and can be achieved by all.

In 2009, the Adams County oral health program provided fluoride supplements to 95 area children who do not have fluoride in their drinking water. Dental Sealants are offered to eligible second graders.

Wisconsin Well Women Program

The goals of the Wisconsin Well Women Program are to improve access to preventive health services and eliminate preventable death and disability from breast and cervical cancer. Adams County provides uninsured women ages 45-64 with preventive health screening services to women with little or no health insurance coverage.

Water Quality Issues

Safe, clean water is one of the most important substances in our lives for drinking, cooking, bathing and cleaning. Municipal water systems test their water regularly to ensure it is safe, but it's up to private well owners to test their well water annually.

Community Human Health Hazards

To protect the health of the citizens of Adams County, we investigate situations with the potential of a human health hazard. We bring health hazards not regulated by other governmental agencies to resolution. If a human health hazard is found, Public Health will work with the owner to ensure safe removal of the hazard. If an owner does not comply with removal of the hazard, a citation may be issued.

Type	Problems	Contacts
Air Quality	42	86
Asbestos	6	13
Lead Hazards	5	15
Water Quality	175	657
Housing	67	162
Solid Waste	92	162
Other-insects, rodents, animal problems/vectors	61	188

Food Safety Programs

Our Environmental Health Specialist works with retail food stores, restaurants, hotels, bed and breakfast establishments, and tattoo and body piercing establishments to educate employees and assure a safe environment for consumers.

In 2009, 133 facilities were inspected in an effort to reduce food-borne and other illnesses for our Adams residents, which also benefits the thousands of others who utilize establishments in our area.

Childhood Lead Testing

The Centers for Disease Control and Prevention defines lead poisoning as a blood lead level of 10 or greater. In Adams County, children with a lead level of 10 or greater are provided with follow-up and consultation by a Public Health Nurse. Follow-up may include phone calls, home visits, consultation with the primary health care provider and a home lead risk assessment by the Health Department's Environmental Health Specialist. The ultimate goal is to reduce environmental lead exposure and lead poisoning.

2009 County Blood Lead Testing	
Total Number of Tests	308
Tests < 10 ug/dl	306
Tests 10 to 19 ug/dl	2

Tobacco Control & Prevention

Tobacco is the single leading preventable cause of death in the United States. Funded by a state grant, Adams County has formed a coalition of community organizations and county residents with the mission to “aggressively pursue the elimination of tobacco use by partnering with community members to prevent tobacco use among youth, promote cessation, and eliminate second-hand smoke.”

In 2009, Adams County completed 88 tobacco compliance checks with 4 operators selling to minors.

School Health

The health, well being and safety of over 1800 children in the school district are a top priority for the Health Department. Adams County public health nurses play a crucial role in a child's health care needs at school, home and in the community.

Adams County Public Health has provided school nursing services for students in public and private schools in Adams County since 1993.

Youth Services

The Adams County Health and Human Services Youth Services Unit provides services to children and families involved with abuse and neglect issues, juvenile delinquency, truancy, and uncontrollability. This includes children who are placed in alternate care* settings. Both Federal and State Law mandate services to these populations. The Youth Services unit consists of 1 Unit Manager, 4 Social Workers, 1 Foster Care Coordinator and 2 Intake/Access Specialists.

Services Provided:

- Investigation of Abuse / Neglect Reports
- Safety Services
- Case Management
- Juvenile Court Intake
- Court Work
- Termination of Parental Rights
- Juvenile Supervision
- Out of Home Placements
- Permanency Planning
- Independent Living Skills
- Foster Home Licensure
- Kinship Care
- Home Studies
- Information and Referral
- Coordinated Service Teams
- Parenting Classes

Additionally, staff attends various community meetings and speaks to community organizations on a variety of topics affecting children and families.

*Alternate Care consists of any setting in which the child does not reside with a parent or legal guardian. These settings can include:

Relative Care

Kinship care

County Foster Care

Treatment Foster Care

Group Care

Residential Care

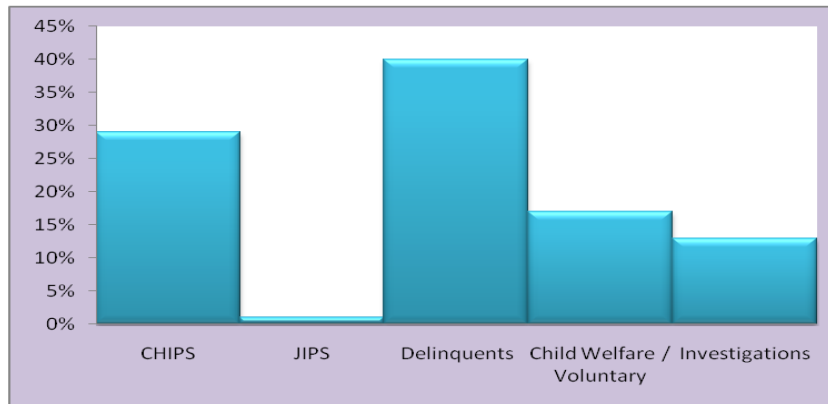
Corrections

In 2009 Adams County averaged 24 children in Kinship Care and 18 children in other alternate care settings.

Success Story/Case Example:

In June 2009, our agency received a report of physical abuse to an 18 month old child. Upon investigation, the child was taken into custody and placed in foster care. During the course of the investigation the biological mother—and perpetrator of physical abuse—fled the state of Wisconsin to avoid criminal charges related to the abuse of her daughter. A more extensive medical exam of the child revealed that she had suffered from severe malnutrition and was significantly behind in her development. During the case the child's biological father was located in another state. After a 3 month stay in foster care receiving Birth to 3 services, the child began to thrive. The child's father visited regularly despite living a few states away. In early September 2009, the child was successfully reunited with her biological father. The child continues to reside with her father and is doing well.

Figure 1—Youth Services Clientele



CHIPS: Child(ren) In need of Protection and/or Services refers to ongoing case management with children who have been victims of abuse, neglect or require special treatment or care which the parent(s) cannot provide.

JIPS: Juveniles In Need of Protection or Services refers to truant or uncontrollable youth or youth under age 10 who have committed a delinquent act.

Delinquents: Youth, age 10-17 who are referred to the agency for the commission of a delinquent act or acts (crime).

Child Welfare / Voluntary Services: Families who are offered services on a voluntary basis, including Coordinated Service Teams.

Investigations: Assessment of reports of alleged child abuse or neglect. The agency must respond to screened in reports within 5 working days and has a maximum of 60 days to complete the investigation.

Success Story/Case Example:

In November 2009, the agency received a report regarding 3 young children residing in unsanitary and unsafe living conditions. Both parents had been arrested on unrelated criminal charges. The children were initially placed in foster care and then moved to the home of a relative. The family, along with a dedicated group of family and friends worked diligently to clean and repair the home, making it safe for the children. Just before Christmas 2009 the children were returned home. The family continues to be cooperative with the department and service providers and is doing quite well. The department and law enforcement worked extremely well together in this case to complete a thorough and joint investigation.

2010 Youth Services Unit Goals

- License 3 new county Foster Homes by the end of the year
- Reduce the number of children in Out-of-County Alternate Care Placements
- Develop a fully functioning Child Abuse Prevention Council by the end of the year

In Conclusion...

"When people are sick or know nothing but disaster, they feel there is no hope. It is up to the individual who is trying to help to give little steps, to show them that there is possibility. It is then, that they will muster up the strength to continue to fight for reaching to their star - especially when they have been touched by that little opportunity."

- Anonymous

2009 Agency Financial Report

The Financial Reports that follows summarize Department resources and expenditures. Data is presented in numeric format. Total expenditures for period ending December 31, 2009 were \$8,822,758.88; Total revenues were \$8,958,070.50. Some adjustments to these figures are expected as a result of reconciliation of the Dept/County reports, journal entry transfers, corrections, and automatic debit/credits.

2009 REVENUES & EXPENDITURES (period ending December 31, 2009)

REVENUES	ACTUAL	BUDGET	% USED	VARIANCE
State & Federal Aid	\$4,842,236.05	\$4,853,157.00	100%	\$10,920.95
Other Revenue Sources	\$2,417,398.79	\$2,361,080.00	102%	-\$56,318.79
County Tax Levy	\$1,686,560.00	\$1,686,560.00	100%	\$.00
General Fund Transfer	\$11,875.66	\$12,524.00	100%	\$648.34
Total Revenue	\$8,958,070.50	\$8,913,321.00	101%	(\$44,749.50)

EXPENDITURES	ACTUAL	BUDGET	% USED	VARIANCE
Public Health	\$356,311.31	\$363,676.00	98%	\$7,364.69
Hepatitis B	\$5,378.49	\$6,150.00	87%	\$771.51
Medicaid Services	\$26,939.90	\$19,400.00	139%	-\$7,539.90
PH Grant Services	\$89,937.90	\$104,736.00	86%	\$14,798.10
H1N1 PHER	\$14,098.23	New Mid-Year		-\$14,098.23
Outpatient Clinic	\$778,028.97	\$821,571.00	95%	\$43,542.03
Hospitalizations	\$265,265.35	\$180,000.00	147%	-\$85,265.35
LTS/Waiver Services	\$4,140,933.25	\$4,289,944.00	97%	\$149,010.75
Income Maintenance	\$317,509.24	\$304,789.00	104%	-\$12,720.24
W2 – Child Care	\$30,666.33	\$30,288.00	101%	-\$378.33
Energy Assistance	\$55,035.50	\$57,038.00	96%	\$2,002.50
Fraud Investigations	\$4,943.92	\$3,133.00	158%	-\$1,810.92
Funeral/Cemetery	\$32,549.39	\$25,000.00	130%	-\$7,549.39
MA Transportation	\$163,925.01	\$211,742.00	77%	\$47,816.99
s.85.21 Transportation	\$139,085.72	\$133,332.00	104%	-\$5,753.72
Transportation Grant	\$21,578.72	\$18,347.00	118%	-\$3,231.72
Transportation Non-Grant	\$23,639.60	\$59,234.00	40%	\$35,594.40
Children & Family Services	\$276,400.18	\$262,429.00	105%	-\$13,971.18
Youth Aids	\$92,411.22	\$109,004.00	85%	\$16,592.78

EXPENDITURES	ACTUAL	BUDGET	% USED	VARIANCE
Title IV-E Services	\$123,219.48	\$150,222.00	79%	\$32,002.52
Safe & Stable Families	\$41,495.96	\$35,942.00	115%	-\$5,553.96
Kinship Services	\$70,649.75	\$61,914.00	114%	-\$8,735.75
Child Care Institutions	\$248,824.19	\$240,000.00	104%	-\$8,824.19
Foster Care	\$413,562.67	\$297,500.00	139%	-\$116,062.67
Independent Living	\$13,312.25	\$16,432.00	81%	\$3,119.75
CST	\$46,079.09	\$49,911.00	92%	\$3,831.91
CHIPS	\$18,596.77	\$5,000.00	372%	-\$13,596.77
Intake	\$47,596.63	\$69,130.00	69%	\$21,533.37
Aging	\$150,014.14	\$138,037.00	109%	-\$11,977.14
Preventive Grant	\$465.64	.00	0	-\$465.64
Alzheimer Services	\$7,541.71	\$8,133.00	93%	\$591.29
Elder Abuse	\$10,381.65	\$10,288.00	101%	-\$93.65
Benefit Specialist	\$36,312.89	\$37,088.00	98%	\$775.11
Nutrition Sites	\$152,419.34	\$135,484.00	112%	-\$16,935.34
Homebound Services	\$85,945.34	\$80,406.00	107%	-\$5,539.34
Family Care Services	\$18,721.21	\$17,335.00	108%	-\$1,386.21
Administration	\$502,981.94	\$560,686.00	90%	\$57,704.06
*Total Expenditure	\$8,822,758.88	\$8,913,321.00	99%	\$95,562.12

**Budget does not reflect increased/decreased expenditures due to changes in State/County Contract revenues.*

SUMMARY	ACTUAL	OUT OF HOME CARE	ACTUAL
Revenue	\$8,958,070.50	MH/AODA Hospitalization	\$265,265.35
Expenditures	<u>-\$8,822,758.88</u>	Child out of Home Costs	<u>\$662,386.86</u>
Net December 2009	<u>\$135,311.62</u>	Total Out of Home Care Costs	<u>\$927,652.21</u>



2009 Health & Human Services Report prepared by HHS Management and Staff